



Irish Life PRSA Application Details

This product is provided by Irish Life Assurance plc.

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.

If any item is blank or illegible, this will cause a delay in processing your application.

Please send us all sections of this application form if you are submitting a paper application. If the customer or financial adviser has entered this application online then please only send us the completed Declaration and Consents sections for signatures and the Direct Debit Mandate (if applicable). If you submit the proposal electronically and we receive the full application, we will return the Application Details section to you unchecked.

FINANCIAL ADVISER DETAILS

Financial Adviser Name	<input type="text"/>																											
Financial Adviser Code	<input type="text"/>																											
Profile Number	Regular Premium	<input type="text"/>	-	<input type="text"/>	Lump Sum	<input type="text"/>	-	<input type="text"/>																				
Product Type	PRSA	<input type="radio"/>	PRSA AVC	<input type="radio"/>																								

1. ELIGIBILITY

1. Are you an Irish resident for tax purposes?	Yes <input type="radio"/>	No <input type="radio"/>	PPS Number	<input type="text"/>	
2. Are you self-employed?	Yes <input type="radio"/>	No <input type="radio"/>			
If Yes, are you:	Agricultural self-employed <input type="radio"/> Other self-employed <input type="radio"/>				
3. Are you an employee?	Yes <input type="radio"/>	No <input type="radio"/>			
(a) If Yes, what is your occupation?					
Trades, crafts & related	<input type="radio"/>	Plant & machine operatives	<input type="radio"/>	Manager, Professional & Admin	<input type="radio"/>
Clerical & secretarial Other	<input type="radio"/>	Personal & protective services	<input type="radio"/>	Sales	<input type="radio"/>
Other	<input type="radio"/>				
(b) Are you a member of your current employer's company pension scheme?	Yes <input type="radio"/>	No <input type="radio"/>			
4. Are you unemployed/not economically active?	Yes <input type="radio"/>	No <input type="radio"/>			

2. PERSONAL DETAILS

Title (Mr/Mrs/Ms etc)	<input type="text"/>
First Name	<input type="text"/> Initial (if applicable) <input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/> Total Salary (incl bonuses, BIK etc) € <input type="text"/>
Gender	Male <input type="radio"/> Female <input type="radio"/>
Relationship Status	Single <input type="radio"/> Married <input type="radio"/> Registered Civil Partner <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed <input type="radio"/>
Country of Birth	<input type="text"/>
Country of Nationality	<input type="text"/>
Nominated Retirement Age	<input type="text"/> Must be between age 60 and 75. For PRSA AVCs the Nominated Retirement Age must be the same as the main scheme.

If YES, this PRSA should be used to facilitate AVC contributions. Please pay particular attention to Section F of the Declarations & Consents

We are obliged to establish country of birth and nationality to comply with anti-money laundering requirements

Please note that mobile number and email address MUST be provided if you wish to receive online communications.

3. CONTACT DETAILS

Address 1	<input type="text"/>
Address 2	<input type="text"/>
Address 3	<input type="text"/>
County	<input type="text"/>
Home phone number	<input type="text"/>
Mobile phone number	<input type="text"/>
Email address (if applicable)	<input type="text"/>

4. EMPLOYER DETAILS

(TO BE COMPLETED BY EMPLOYEES, NOT APPLICABLE FOR SELF-EMPLOYED)

Name of Employer	<input type="text"/>
Address of Employer	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Employer Tax Reference Number	<input type="text"/>
Salary Frequency	Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/>

5. CONTRIBUTION DETAILS

5A. REGULAR CONTRIBUTIONS

Date contributions are to start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contribution amount	€ <input type="text"/>	Employee or Self-Employed Contribution (as applicable)				
	€ <input type="text"/>	Employer Contribution (if applicable)				
	€ <input type="text"/>	AVC Contribution (if applicable)				
Payment Frequency	Monthly <input type="radio"/>	Quarterly <input type="radio"/>	Half Yearly <input type="radio"/>	Yearly <input type="radio"/>		
Payment method	Direct Debit <input type="radio"/>	Cheque <input type="radio"/>	Payroll Deduction <input type="radio"/>			
If direct debit contributions are chosen, what day of the month would you like direct debits taken? (1st to 28th of the month only) <input type="text"/>						
Do you want inflation protection? Yes <input type="radio"/> No <input type="radio"/>						

Contributions will increase in line with inflation or a rate set by Irish Life (at present 5% p.a.), whichever is higher.

PLEASE NOTE:

Cheques for regular contributions can only be made when contributions are made on a yearly basis and exceed €3,000.
For Payroll Deduction cases, please also complete **Section 5c**.

5B. SINGLE CONTRIBUTIONS AND TRANSFER VALUES

Single Contribution	€ <input type="text"/>	Employee or Self-Employed Contribution (as applicable)
	€ <input type="text"/>	Employer Contribution (if applicable)
Transfer Value	€ <input type="text"/>	A transfer application form must be completed and submitted with this form.
AVC Single Contribution	€ <input type="text"/>	

FUNDS AVAILABLE

Where you have chosen Option 2 previously, please indicate your selected fund choice below.

<u>Fund Name</u>	<u>Regular Premium</u>	<u>Single Premium</u>
Careful Portfolio	<input type="text"/>	<input type="text"/>
Conservative Portfolio	<input type="text"/>	<input type="text"/>
Balanced Portfolio	<input type="text"/>	<input type="text"/>
Experienced Portfolio	<input type="text"/>	<input type="text"/>
Adventurous Portfolio	<input type="text"/>	<input type="text"/>
Global Cash Fund	<input type="text"/>	<input type="text"/>
Consensus Cautious Fund	<input type="text"/>	<input type="text"/>
Consensus Fund	<input type="text"/>	<input type="text"/>
Global Multi-Factor Fund	<input type="text"/>	<input type="text"/>
Hedged World Equity Fund	<input type="text"/>	<input type="text"/>
Indexed Commodities Fund	<input type="text"/>	<input type="text"/>
Indexed Emerging Markets Equity Fund	<input type="text"/>	<input type="text"/>
Indexed Euro Corporate Bond Fund	<input type="text"/>	<input type="text"/>
Indexed Euro Short Dated Bond Fund	<input type="text"/>	<input type="text"/>
Indexed European Equity Fund	<input type="text"/>	<input type="text"/>
Indexed European Gilts Fund	<input type="text"/>	<input type="text"/>
Indexed European Property Shares Fund	<input type="text"/>	<input type="text"/>
Indexed Fixed Interest Fund	<input type="text"/>	<input type="text"/>
Indexed Inflation Linked Bond Fund	<input type="text"/>	<input type="text"/>
Indexed Irish Equity Fund	<input type="text"/>	<input type="text"/>
Indexed Japanese Equity Fund	<input type="text"/>	<input type="text"/>
Indexed North American Equity Fund	<input type="text"/>	<input type="text"/>
Indexed Pacific Equity Fund	<input type="text"/>	<input type="text"/>
Indexed Technology Fund	<input type="text"/>	<input type="text"/>
Indexed UK Equity Fund	<input type="text"/>	<input type="text"/>
Indexed World Equities Fund	<input type="text"/>	<input type="text"/>
Infrastructure Equities Fund	<input type="text"/>	<input type="text"/>
Irish Property Fund	<input type="text"/>	<input type="text"/>
Protected Consensus Markets Fund	<input type="text"/>	<input type="text"/>
Self-Invested Deposit Fund	<input type="text"/>	<input type="text"/>
Setanta Equity Dividend Fund	<input type="text"/>	<input type="text"/>
Setanta Global Equity Fund	<input type="text"/>	<input type="text"/>
Setanta Income Opportunities Fund	<input type="text"/>	<input type="text"/>
UK Property Fund	<input type="text"/>	<input type="text"/>



Irish Life PRSA Declarations & Consents

We need this information to match the declaration section to your electronic application

If you submit this proposal electronically you should only send us this section.

Financial Adviser

Proposal Number

Client Name

IMPORTANT INFORMATION

If you or your Financial Adviser have entered this application online, only the Declaration & Consents section will be sent to Irish Life. If the application is entered online and we receive the full application, we will return the Application Details section to your Financial Adviser.

A. DECLARATION UNDER ARTICLE 3(5) OF THE PERSONAL RETIREMENT SAVINGS ACCOUNT (DISCLOSURE) REGULATIONS 2002

You the customer should read the following and indicate that you have done so.

I understand that the Declaration below relates to the PRSA contract proposed by me in this application.

I confirm that I have received the relevant Preliminary Disclosure Certificate for the PRSA contract proposed in this application.

WARNING

If you propose to take out this PRSA contract in complete or partial replacement of an existing PRSA contract or a retirement annuity contract, please take special care to satisfy yourself that this PRSA contract meets your needs. In particular, please make sure you are aware of the financial consequences of replacing your existing PRSA contract or retirement annuity contract. If you are in doubt about this, please contact your Financial Adviser or PRSA provider.

This policy does replace an existing policy

☐

This policy does not replace an existing policy

☐

Policy or Reference Number

DECLARATION OF PRSA PROVIDER/INTERMEDIARY

I hereby declare that in accordance with Article 3 of the Personal Retirement Savings Account (Disclosure) Regulations 2002, a Preliminary Disclosure Certificate has been provided to:

(Customer name and address)

and that I have advised the person concerned as to the financial consequences of replacing an existing PRSA contract or retirement annuity contract with this PRSA contract by cancellation or reduction, and of possible financial loss as a result of such a replacement.



Signature of PRSA Provider/Intermediary

X

Please sign and date

Date

DECLARATION OF CLIENT

I confirm that I have received in writing the information specified in the above declaration.



Signature of Client

X

Please sign and date

Date

B. DATA CONSENT

I consent to Irish Life Assurance plc:

- a) Processing and holding (online or otherwise) all information disclosed by me, or on my behalf, including personal data for the purposes of processing my application, issuing and administering all aspects of the plan, customer care and services purposes.
- b) Disclosing my personal data to persons necessary in connection with the above purposes, to regulatory authorities or as required by law, to other companies in the Irish Life Group or the Great-West Life Co Group. This may include the transfer of personal data, including sensitive personal data, to countries outside the European Economic Area.

I understand I have the right to access, update and rectify my personal details by writing to the customer service team at Irish Life, Irish Life Centre, Lower Abbey Street, Dublin 1.

C. AUTHORISATION FOR YOUR FINANCIAL ADVISER TO APPLY ONLINE

I authorise my Financial Adviser to enter this application online on my behalf based on the information that has been provided in this application form. I understand and acknowledge that in giving this authorisation this application will only be retained by my Financial Adviser and only the declarations and consents section and direct debit mandate will be passed to Irish Life.

I acknowledge that a printed record of the application will be sent to me and agree to notify Irish Life if

- I do not receive the record
- Any information in this record is, false, incorrect or incomplete

D. CUSTOMER DECLARATION TO IRISH LIFE

I declare that all the answers to all the questions in this application form (online or otherwise) are in every respect true and correct. I hereby agree that the contract proposed between me and Irish Life Assurance plc (ILA) will be based on this application and declaration, and any supplementary application form attached. I understand that this contract shall not be capable of being surrendered, commuted or assigned except as provided under Chapter 2A of Part 30 of the Taxes Consolidation Act 1997.

I authorise ILA and its agents to hold and process information in connection with this contract or transaction. This includes any other information supplied to or obtained by Irish Life separately. ILA may hold and process this information for administrative, customer care and services purposes. I consent to Irish Life disclosing this information to persons necessary in connection with this contract or transaction including regulatory authorities, other companies in the Company's group, other insurance companies or as required by law. I agree that where I have selected fund(s) other than the Default Investment Strategy (annuity) or the Default Investment Strategy (ARF), by signing this declaration, and any supplementary application, I am providing written confirmation that I do not wish to avail of either Default Investment Strategy.

I understand that once my PRSA becomes a vested PRSA, Irish Life is obliged to deduct a minimum amount of tax on a yearly basis as if a minimum withdrawal has been taken from my vested PRSA. I understand the current minimum withdrawal is 4% from the year I turn 61 (or 60 for those born on 1 January) until the year I turn 71 (or 70 for those born on 1 January) when it will increase to 5%. Where the total value of my vested PRSA(s) and ARFs are greater than €2 million I understand that I must appoint a nominee QFM who will be responsible for ensuring a withdrawal of 6% is taken from my vested PRSA(s) and ARF's. I understand that it is my responsibility to advise Irish Life if the total value of my ARFs and Vested PRSA(s) exceed €2 million. I understand that these rates are current as at March 2016 but may change in the future.

Where applicable, I as an employee, consent to my employer having access to my application in order to facilitate the deduction of my personal contributions from my salary. I also understand that the commencement date of the contract and the timing of any subsequent changes to contributions will be subject to my Employer making the necessary changes in my payroll.

I agree that ILA may get information in respect of any transfer value contribution amount from the transferring Trustees/Life Office/PRSA Provider and I authorise them to give Irish Life this information.

Where I am establishing this plan for the purpose of making AVC payments to a PRSA, I declare that:

- I have received and read the Irish Life AVCs and Your Irish Life PRSA Booklet, which provides important information about paying AVCs into a PRSA.
- I am aware that my AVCs into the PRSA are on a defined contribution basis and the return is not guaranteed - this contract will not provide defined benefits as fund values can fall as well as rise.
- I acknowledge and agree that I have been advised to investigate any AVC options offered through my employer's main occupational pension scheme.
- I acknowledge and agree that I have been advised to review any options which provide guaranteed benefits and which can be available under defined benefit schemes, in particular any options to buy added years (notional service) under public sector/ semi state defined benefit schemes.
- I understand and accept that it is my responsibility to review and consider any such options directly with my employer, and that my financial adviser will base any recommendations on the information I have provided but will not have discussed or verified this with my employer.
- I understand that, although this AVC plan is separate to my employer's main occupational pension scheme, retirement benefits must be paid at the same time as the main scheme (if I am still in that employment) and must be within Revenue limits.
- I am required to notify Irish Life if I leave this employment, change my contributions to that scheme, if my salary decreases or if my benefits change.



Please sign and date

Signature of Customer

X

Date

E. FINANCIAL ADVISER DECLARATION

Source of PPSN

e.g. a copy of P60

Document Ref

Evidence of Age

e.g. Passport

Document Ref

I certify that I have viewed the documents stated above.



Please sign and date

Signature of Adviser

X

Date

BENEFITS FROM PREVIOUS EMPLOYMENTS

(TO BE COMPLETED BY EMPLOYEES WHO ARE MEMBERS OF THEIR EMPLOYERS'S COMPANY PENSION SCHEME AND WANT TO MAKE AVCS TO A PRSA)

Do you have any pension benefits from previous employments?

Yes ☐ No ☐

If Yes, please complete the rest of this section

If No, please go to the Declarations & Consents section.

A. Do you have Defined Contribution scheme benefits?

Yes ☐ No ☐

Normal Retirement Age

Current Value

(including AVC/PRSA AVC values)

B. Do you have Personal Pension or PRSA (including self-employed) pension benefits?

Yes ☐ No ☐

Current Value €

C. Do you have Defined Benefit scheme benefits?

Yes ☐ No ☐

Normal Retirement Age

Members pension payable at NRA €

Retirement Lump Sum €

(if in addition to pensions at NRA)

Current value of any AVC/PRSA AVC €

Spouse/Registered Civil Partner pension %
(if any) as a percentage of members pension

C. Have you received retirement benefits from any other pension arrangements?

Yes ☐ No ☐

If Yes, please provide details:

Date benefits were paid

For Defined Contribution schemes, PRSA or Personal Pension Benefits:

Total value of pension fund at date of payment €

For Defined Benefit/Public Sector Schemes:

Gross Retirement Lump Sum (before any tax paid) €

Annual Pension Income € a year

Final Value of AVCs (if not included in the above amounts) €

Further Pension Benefit Details (if any)



Please complete all the fields in this Section

Plan Number(s)

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If this mandate is to cover more than 3 plans, please attach separate instructions.

Name of Plan Owner(s)

[illegible]

Direct Debit collection date

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of the month (1st to 28th only)

Payment frequency

Monthly

○

Quarterly

○

Half Yearly

○

Yearly

C

Please complete all the fields below marked * and return this mandate to Irish Life

* Name(s) of Account Holder(s)

[illegible]

Address of Account Holder(s)

[illegible]

* BIC

[illegible]

* IBAN

[illegible]

Your BIC and IBAN can be found on a recent bank statement

* Signature(s)

X

* Date of signing

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Please sign and date

X

By signing this mandate form, you authorise (A) Irish Life to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Irish Life. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

UMR

[illegible]

Creditor Identifier

I	E	3	0	Z	Z	Z	3	0	3	5	8	7
---	---	---	---	---	---	---	---	---	---	---	---	---

Type of payment Creditor's

Recurrent

or

One Off Payment

C

name and address

[illegible]